Under the Pap	erwork Reduction Act of 1	95, no person are required to	respond to a collection	ond to a collection of information unless it displays a valid OMB control number.				
Fees oursuant to th	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL					764,062-Conf. #6672			
			Filing Date		January 19, 2001			
For FY 2006					akeshi MISAWA			
			Examiner Name J. P.		P. Misleh	P. Misleh		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2612					
TOTAL AMOUN	Attorney Docket No. 0905-0255P							
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify)								
X Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FIL		ARCH FEES		ATION FEES			
Application Ty	pe Fee (\$)	Small Entity Fee (\$) Fee (	Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300	150 500		200	100			
Design	200	100 100		130	65			
Plant	200	100 300		160	80			
Reissue	300	150 500		600	300			
Provisional	200	100 0		0	0			
		100 0		U	v		Small Entity	
2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)								
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100	
							180	
Total Claims Extra Claims Fee (\$) Fee			Paid (\$) Multiple Depend			ent Claims		
					Fee (\$) Fee Paid (\$)			
HP = highest number of total claims paid for if greater than 20								
Indep. Claims	Extra Claims	Fee (\$) Fee	Paid (\$)					
2 - 3 = X =  HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 S2(0)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets of fraction thereof. See 53 U.S.C. 41(a)/I/G) and 37 CFR 1 16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 (round up to a whole number) x ==								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., three filing surchange): 1691 Request for continued examination (RCE) (see 37 790.00								
SUBMITTED BY								
Signature	ZV V	X /	Registration No (Attorney/Agent)	40,439	Telephone	(703) 205-8035		
Name (Print/Type)	D. Richard Anders	on			Date	August 29, 2006		

